<i>—</i>	<u>(</u> 299139 46.217
STATE OF SOUTH CAROLINA	BEFORE THE
(Caption of Case)  Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo	PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET DOCKET 2021 123 7
OM HARI TRANSPORT LLC dba 1st Transport	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print)  Nitesh Y Patel  Submitted by:	
Address: 100 Business Pkwy	- Fax: 864-432-2399 = 5
Piedmont, SC 29673	Other: 908-616-3569
<u></u>	Email: 1sttransport123@gmail.com
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service be filled out completely.	Commission of South Carolina for the purpose of docketing and must
NATURE OF ACTION	N (Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
<ul> <li>□ Application - Class C Taxi</li> <li>□ Application - Class C Charter</li> <li>□ Application - Class C Charter Bus</li> <li>☑ Application - Class C Non-Emergency</li> </ul>	Request for Name Change on Certificate  Request to Amend Scope of Authority  Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency  Application - Class C Stretcher Van	Request C
Application - Class C Stretcher Van	
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Reservation Letter Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY	Date: 03/22/2021
Application is hereby made for a Certificate of Public of S.C. Code Ann., § 58-23-10, et seq. (1976), and ar	c Convenience and Necessity, in accordance with the provision mendments thereto.
	ORT LLC DBA 1ST TRANSPORT
Name under which business is to be conducted (corpor	ation, partnership, or sole proprietorship, with or without trade name
100 Business	Pkwy Piedmont, SC 29673
	Address of Applicant
	ne rd Piedmont, SC 29673
Mailing Address of App	plicant (if different from street address)
864-558-1030	864-432-2399
Phone	Fax
	sport123@gmail.com Email Address
	Email Address
<ol> <li>If the Applicant is an LLC or a corporation, a copy Secretary of State and the Articles of Incorporation n Carolina Secretary of State "Foreign Corporation" (</li> </ol>	nust be attached. (If incorporated outside of SC, attach South
3. Select Entity Type: (Check one)	
☐ Individual Owner/Sole Proprietorship	
Partnership - List names and address of all p	erson having an interest in the business.
	o principal officers.
Hiral N Patel 116 Claiborne rd Piedmont, SC 29673	
Hiral A Patel 129 Rivermill Pl Piedmont, SC 29673	

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

#### **Financial Statement**

Applicant's assets and liabilities are as follows:

Assets:		<u>Liabilities</u>	<u> </u>
Value of Real Estate	1,500,000	Mortgage/Loan on Real Estate	650,000
Value of Motor Vehicles	200,000	Loans Owed on Motor Vehicles	150,000
Cash on Hand	7,500	Business/Other Loans Owed	
Cash in Bank	80,000	Other Liabilities or Debts	
Value of Other Assets and — Equipment	1,000,000	Total Liabilities	800,000
<b>Total Assets</b>	2,787,500		

#### **INSTRUCTIONS:**

- 1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- 2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- 3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- 9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

<b>Proposed</b>	Rates	and	<u>Char</u>	ges:

According to state regulations we will charge for the services.

See attachment

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.					
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.					
Abbeville	Cherokee	Florence	Lee	Saluda	
Aiken	Chester	Georgetown	Lexington		
Allendale	Chesterfield	⊠ Greenville	Marion	Sumter	
X Anderson	Clarendon	⊠ Greenwood	Marlboro	Union	
Bamberg	Colleton	Hampton	McCormick	Williamsburg	
Barnwell	Darlington	Horry	Newberry	York	
Beaufort	Dillon	Jasper	Oconee		
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide	
Calhoun	Edgefield	Lancaster	∠ Pickens		
Charleston	Fairfield		Richland		

OM HARI TRANSPORT LLC

100 BUSINESS PKWY STE A-C

PIEDMONT, SC 29673

#### PROPOSED RATES AND CHARGES FOR NEMT

TYPE OF CHARGES Weekly Business Weekends & off

Hours Hours

Ambulatory – \$0.55 permile \$0.75 permile

Base Rate

Wheelchair- \$0.75 permile \$0.95 permile

**Base Rate** 

Wait-time Fees \$15 per 30 mins \$20 per 30 mins

## **DESCRIPTION OF EQUIPMENT**

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

<u>Maximum Number of Passengers Vehicle is Equipped to Carry:</u> (The number of passengers a vehicle is equipped to carry is based on the number of <u>seatbelts</u> in the vehicle, including the driver's seatbelt.)

1-7 Passengers, including driver

8-15 Passengers, including driver

WHEEL-CHAIR

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	LIFT
Ford	2020	1FBAX2X80LKA68951	9400	
Ford	2020	1FBAX2X80LKA54276	10360	×
L	<u> </u>		1	

## **INSURANCE QUOTE**

This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

	OM HARI LLC	
	Name of Applicant	
100 B	Business Pkwy Piedmont, SC 29673	
	Address of Applicant	
Amount of Premium:		
Liability Insurance \$ 4399.00		
	12	
The above quoted premium is for a term of		
		Limits Quoted
The above quoted premium is for a term of <b>Minimum Limits</b> - Bodily injury and pro		<b>Limits Quoted</b> \$2,000,000
The above quoted premium is for a term of Minimum Limits - Bodily injury and prothan the following:	operty damage limits will not be less	
The above quoted premium is for a term of  Minimum Limits - Bodily injury and pro than the following:  Liability Combined Each Occurance	\$ 1,000,000 \$ 1,000	\$2,000,000
The above quoted premium is for a term of  Minimum Limits - Bodily injury and pro than the following:  Liability Combined Each Occurance  Medical Payments per Person	\$ 1,000,000 \$ 1,000	\$2,000,000
The above quoted premium is for a term of  Minimum Limits - Bodily injury and pro than the following:  Liability Combined Each Occurance  Medical Payments per Person	\$ 1,000,000 \$ 1,000	\$2,000,000
The above quoted premium is for a term of  Minimum Limits - Bodily injury and pro than the following:  Liability Combined Each Occurance  Medical Payments per Person	\$ 1,000,000 \$ 1,000	\$2,000,000

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

#### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.



## CERTIFICATE OF LIABILITY INSURAN

DATE (MM/DD/YYYY) 8/14/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

_	BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.									
_	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.									
If	If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on							PROC		
_	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
	DUCER				NAME: PHONE		10.4440	FAX -	200 000 4400	-∤റ്
	ntinel Insurance Services				(A/C, No	- EAQ:	'8-1448	1,100,1101.	336-232-1469	⊣ES
	A The Sentinel Insurance Agency	/		}	ADDRES			tinelagency.com		⊣ઝં
	4 Ashley Square							DING COVERAGE	NAIC# 29424	SING
INSU	nston Salem, NC 27103				-	RA: Hartfor	u		23424	
INDU	O M Hari, LLC				INSURE					الٰ:
	dba 2nd inning Daycare				INSURE					202
	100 Business prkwy ST		C		INSURE					_  _
	Piedmont, SC 29673		•		INSURE					- ≥
CO		TIFIC	CATE		INSURE	RF:		REVISION NUMBER:		∃ <u>A</u> gi
_	IS IS TO CERTIFY THAT THE POLICIES				VE BEEI	N ISSUED TO			POLICY PERIOD	⊤റ
	DICATED. NOTWITHSTANDING ANY RI									4.
	ERTIFICATE MAY BE ISSUED OR MAY CCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO	ALL THE TERMS,	_ 10
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		
-10	X COMMERCIAL GENERAL LIABILITY	HAD	1170	, vary members			(MENNEY) [ [ ]		1,000,000	−P≤
	CLAIMS-MADE X OCCUR								1,000,000	١.
Α		Y	Y	22SBAAH0EH6		7/17/2020 7/17/2021	7/17/2021		1,000,000	SCP
									\$ 1,000,000 \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		
	X POLICY PRO- JECT LOC	1						PRODUCTS - COMP/OP AGG 5	2,000,000	_ြ
	OTHER:							\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	1,000,000	2021-
	X ANY AUTO	Y	Y	22UESB17832		7/17/2020	7/17/2021	BODILY INJURY (Per person)		_  <del>  `</del>
Α	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	1	12
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	5	၂ယု
		<u> </u>						1		╝╌
Α	X UMBRELLA LIAB OCCUR							EACH OCCURRENCE 5	1,000,000	
	EXCESS LIAB CLAIMS-MADE	Y	Y	22SBAAH0EH6		7/17/2020	7/17/2021	AGGREGATE 1	<b>.</b>	Page
	DED RETENTION \$ 10,000	1	1				<u> </u>	PER OTH	<u> </u>	
١.	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N			2014/504110505	7/47/2000		7/47/2024	X PER STATUTE ER	500.000	$  _{\infty}$
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	Y	22WECAH0EGF	7/17/2020	7/17/2020 7/17/2021		500,000	_ 으઼	
	(Mandatory in NH) If yes, describe under								500,000	-12
$\vdash$	DÉSCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	500,000	$\dashv$
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORE	i ) 101, Additional Remarks Schedul	le, mav be	attached if more	space is require	l l		$\dashv$
	tificate holder is listed as Loss P	-			., .,					
		-								
VIN	#'s listed on policy:									
	BAX2X80LKA68951									
	3VU4X89LKA54276									
"										
CEI	RTIFICATE HOLDER				CANC	ELLATION				
										$\neg$
	The Bancrop Bank							ESCRIBED POLICIES BE CAI EREOF, NOTICE WILL BE		
	PO Box 4307							Y PROVISIONS.	. DEDVERED IN	
	Timonium, MD 21094									
					AUTHO	RIZEDARE	NTATIVE			
					l .	T / W 1/2	1/ 1/2			- 1

This SPECIAL MULTI-FLEX POLICY is provided by the stock insurance company(s) of The Hartford Insurance Group, shown below.

### **COMMON POLICY DECLARATIONS**

POLICY NUMBER: 22 UEC BI7832 SA



Named Insured and Mailing Address:

O M HARI, LLC

(No., Street, Town, State, Zip Code)

100 BUSINESS PKWY STE 8-C

PIEDMONT

SC 29673

(ANDERSON COUNTY)

**Policy Period:** 

From 07/17/20

To 07/17/21

12:01 A.M., Standard time at your mailing address shown above.

In return for the payment of the premium, and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy. The Coverage Parts that are a part of this policy are listed below. The Advance Premium shown may be subject to adjustment.

**Total Advance Premium:** 

\$4,399.00

**Coverage Part and Insurance Company Summary** 

Advance Premium

COMMERCIAL AUTO HARTFORD ACCIDENT AND INDEMNITY COMPANY ONE HARTFORD PLAZA HARTFORD, CONNECTICUT 06155

\$4,399.00

Form Numbers of Coverage Parts, Forms and Endorsements that are a part of this policy and that are not listed in the Coverage Parts.

HM0001 IL00171198 IH99400409 IH99410409 IL00210908 HA00250615

Agent/Broker Name: SENTINEL INSURANCE SERVICES LLC

Countersigned by (Where required by law) Sugar S. Castareda

07/17/20

Date

**Authorized Representative** 

# Notice of Automobile Insurance



Named In	nsured O M	HARI, LLC			Р	olicy No. 22 UE	C B17832	
Address	100	BUSINESS PKWY STE 8-	c					
Address	PIED		29673					
Producer								
272673 SENTINEL INSURANCE SERVICES LLC Expiration Date of Policy 07/17/21								
Name of	Insurance Co	mpany			Expiration D	ate of Folicy	07717721	
1		NT AND INDEMNITY COM	PANY		Countersigne	ed by		
					(Authorized	Representative)		
Х						Mailing Add	iress	
LOSS PAYEE	Name	THE BANCORP BANK				Change	Only	
FAILE		7 0 707 1007						
	Address	P O BOX 4307						
LESSOR		TIMONIUM	MD 2109	1				
	CE OF AUT	OMOBILE INSURANCE IS A	PPLICABLE	AS INDICAT	ED BELOW.	<del></del>	<del></del>	
A. LOSS								
X 1	. This is to	certify that the policy of insura	nce listed at	ove has beer	n issued to the	insured named a	above	
		force at this time for the auto						
		of any contract or other docui						
		ne insurance afforded by the period of such policy.	policy describ	bed nerein is	subject to all t	ne terms, exclus	ions and	
		lebraska - This certificate does	s not amend.	extend or alt	er the coverage	afforded by the	e listed	
		policy						
	Loss Pay	<ul> <li>ree - Except for towing, all phy Loss Payee named above</li> </ul>					the	
2		notify that the policy of insurar	nce listed ab	ove has been			nge	
		cal Damage Coverage for the				5		
3		notify that the policy of insurar		ove has been	changed by the	e insured to dele	ete	
B. LOSS	PAYEE OR L	Coverage for the auto(s) descr ESSOR	ibed below.					
1		notify that the policy of insurar	nce listed sh	ove has boon	shanga by the	incured to delet	•	
Ш.		) described below.	ice listed an	OVE HAS DEEN	change by the	insured to delet	е	
2	•	notify that the policy of insurar	nce listed ab	ove has been	changed by th	e insured to dele	ete	
		Payee or Lessor named above						
3	. This is to	notify that the policy of insurar	nce listed ab	ove has been	changed by th	e insured to dele	ete	
	the Loss I	Payee or Lessor named above	),	_				
Schedule (	of Autos				rage (For A.1.	and A.2. above	9)	
Covered Auto No.		Description	Other than C Coverage*	ollision Limit		Collision Limit		
AUIO NO.			Coverage	Deductible	*ACV***	Deductible	*ACV***	
					or Stated Amou	nt	or Stated Amount	
	SEE SUB	SEQUENT PAGE						
THIS CE	RTIFICAT	E DOES NOT EVIDENC	E *AJ =		nsive Covera	ge		
		Y INSURANCE	AK = AL =	Specified	Causes of Los	s Coverage		
			AL =		rage heft Coverage	ı		
			AO=	Fire, Theft	and Windstor	m Coverage		
			AP=		pecified Cause	s of Loss Cove	rage	

# Notice of Automobile Insurance (Continued)

POLICY NUMBER: 22 UEC BI7832

COVERED AUTO NO. 00001

20 FORD

VIN 1FBAX2X80LKA68951

COMPREHENSIVE COVERAGE

\$ 500 DEDUCTIBLE

ACTUAL CASH VALUE

COLLISION COVERAGE

\$ 1,000 DEDUCTIBLE

ACTUAL CASH VALUE

COVERED AUTO NO. 00002

20 FORD

VIN 1FBVU4X89LKA54276

COMPREHENSIVE COVERAGE

\$ 500 DEDUCTIBLE

ACTUAL CASH VALUE

COLLISION COVERAGE

\$ 1,000 DEDUCTIBLE ACTUAL CASH VALUE

CAF-4025-4 PAGE 2

# Exhibit Fit, Willing, and Able (FWA)

# Om Hari Transport LLC

Name

1.	Is there currently any outs  Yes	standing judgments against the Applicant?
	-	⊙ No
	If Yes, list judgements he	ere:
2.		all statutes and regulations, including safety regulations and governing for-hire motor in South Carolina, and does Applicant agree to operate in compliance with these
	Yes	O No
3.	Is Applicant aware of the therewith?	Commission's insurance requirements and the insurance premium costs associated
	Yes	O No
	<b>O</b> 112	

# **Exhibit on Driver Qualifications**

l.	CPR (	Certificate or its equiv	lrivers must possess at least a current American Red Cross Standard First Aid and alent, and records that verify/record such training must be kept on file at the of business within South Carolina.
	•	Yes	O No
2.	Appli	cant understands that o	lrivers must be in compliance with all OSHA regulations.
	•	Yes	○ No
3.			drivers must be trained in the use of all vehicle installed safety equipment such as s, fire extinguishers, and other equipment as outlined in PSC Regulations.
	•	Yes	O No
1.		cant understands that disabilities, including v	drivers must be able to physically perform actions necessary to assist persons wheelchair users.
	•	Yes	○ No
5.			drivers must wear a professional uniform and photo identification badge that and the company for whom the driver works.
	•	Yes	O No
5.	of safe		drivers must complete twelve (12) hours of in-service training annually in the area erify/record such training must be kept on file at the company's primary place of ina.
	•	Yes	O No

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

	The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina
□	through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.
	mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.
	gov to create a My DMS account.
$\overline{}$	The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South

Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

Member

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH C	AROLINA )
COUNTY OF	Greenville }
	TO BEFORE ME of March 2021
Notary Public Commission Expires	My Commission Expires August 23, 2026

# The State of South Carolina



# Office of Secretary of State Mark Hammond

# **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Om Hari Transport LLC, a limited liability company duly organized under the laws of the State of South Carolina on February 5th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 5th day of February, 2021.

Mark Hammond, Secretary of State

Filing ID: 210205-1127459

Filing Date: 02/05/2021

## CERTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ON FILE IN THIS OFFICE

Feb 05 2021 REFERENCE ID: 702906

# STATE OF SOUTH CAROLINA SECRETARY OF STATE

# SECRETARY OF STATE

ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

Om Hari Transport LLC	
Note: The name of the limited liability company must contacompany" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC",	nin <u>one</u> of the following endings: "limited liability company" or "limited or "Ltd. Co."
The address of the initial designated office of the I 100 business pkwy	ímited liability company in South Carolina is
Street Address)	
Piedmont, South Carolina 29673	
(City, State, Zip Code)	
The initial agent for service of process is	
Hiral N Patel	
(Name) (Signature of Agent)  And the street address in South Carolina for this in 116 Claibome rd	nitial agent for service of process is:
(Street Address)	
Piedmont	South Carolina 29673
(City)	(Zip Code)
List the name and address of each organizer. Onl	ly <u>one</u> organizer is required, but you may have more than one.
(Name) 116 Claiborne rd	
(Street Address)	
Piedmont, South Carolina 29673	
(City, State, Zip Code)	

## CERTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ON FILE IN THIS OFFICE

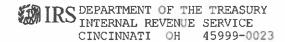
Feb 05 2021 REFERENCE ID: 702906

Mark Hammond

Om Hari Transport LLC	
	Name of Limited Liability Company

- 9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
- 10. Each organizer listed under number 4 must sign.

Hirainpatei	
Signature of Organizer	
Date: 02/05/2021	
Signature of Organizer	
Date:	



Date of this notice: 02-05-2021

- · - : firation Number:

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at:

1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

OM HARI TRANSPORT LLC 1ST TRANSPORT % HIRAL N PATEL MBR 116 CLAIBORNE RD PIEDMONT, SC 29673

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

plying for an Employer Identification Number (EIN). We assigned you EIN will identify you, your business accounts, tax returns, and documents, even in your have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

03/15/2022

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.